

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10025 851

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 19 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 19 minus 20 = | * 0 |
| INDEPENDENT CLAIMS | 3 minus 3 = | * 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

RATE

Fee

BASIC FEE

370.00

OR

RATE

Fee

BASIC FEE

740.00

X\$ 9=

OR

X\$18=

X42=

OR

X84=

+140=

OR

+280=

TOTAL

OR

TOTAL

740

11/14/05 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | Minus | | |
| | * 14 | Minus | ** 20 | = / |
| Independent | * 3 | Minus | *** 3 | = / |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE

ADDI-
TIONAL
FEE

X\$ 9=

OR

RATE

ADDI-
TIONAL
FEE

X42=

OR

X84=

+140=

OR

+280=

TOTAL

ADDI-
TIONAL
FEE

OR

TOTAL

ADDI-
TIONAL
FEE

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | Minus | | |
| | * 14 | Minus | ** 20 | = |
| Independent | * 3 | Minus | *** 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

RATE

ADDI-
TIONAL
FEE

X\$ 9=

OR

RATE

ADDI-
TIONAL
FEE

X42=

OR

X84=

+140=

OR

+280=

TOTAL

ADDI-
TIONAL
FEE

OR

TOTAL

ADDI-
TIONAL
FEE

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | Minus | | |
| | * 14 | Minus | ** 20 | = |
| Independent | * 3 | Minus | *** 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

RATE

ADDI-
TIONAL
FEE

X\$ 9=

OR

RATE

ADDI-
TIONAL
FEE

X42=

OR

X84=

+140=

OR

+280=

TOTAL

ADDI-
TIONAL
FEE

OR

TOTAL

ADDI-
TIONAL
FEE

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.